

BLAINE VAN SICKLE
Calhoun County Drain Commissioner

County Building
315 W. Green Street
Marshall, Michigan 49068

APPLICATION FOR PERMIT
TO CROSS OR PARALLEL A COUNTY DRAIN

Applicant s Name: _____

Mailing Address: _____

Telephone Number: (_____) _____

Contractor s Name: _____

Mailing Address: _____

Telephone Number: (_____) _____

Applicant s Contact Name and Telephone Number: (_____) _____

I do hereby make application for permit to use the right-of-way of the
_____ County Drain at the following location:

_____ for a
period commencing _____ and ending
_____ for the following purpose: _____
_____.

I certify that I accept the following:

1. Commencement of work set forth in the permit application constitutes acceptance of the permit as issued.
2. Failure to object within ten (10) days to the permit as issued constitutes acceptance of the permit as issued.
3. If this permit is accepted by either of the above methods, I will comply with the provisions of the permit.
4. I will be responsible for and pay all costs incurred by the Calhoun County Drain Commissioner and the _____ Drainage District for engineering service in reviewing this Permit Application and for all costs of inspection of the work performed thereunder.
5. I acknowledge receipt of the rules and regulations promulgated by the Calhoun County Drain Commissioner for Crossing Or Paralleling A County Drain.

Date: _____

Applicant s Signature

Its: _____

I hereby certify that I am acting as authorized agent on behalf of the above named applicant.

Date: _____

Authorized Agent s Signature